

03-17-03
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7590 01/29/2003
Roberts Abokhair & Mardula LLC
11800 Sunrise Valley Drive
Suite 1000
Reston, VA 20191-5302



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|--------------------|
| (Depositor's name) |
| (Signature) |
| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/617,372 | 07/17/2000 | James C Bremer | 2288-021 | 8125 |

TITLE OF INVENTION: METHOD AND APPARATUS FOR IMAGING A FIELD OF REGARD BY SCANNING THE FIELD OF VIEW OF AN IMAGING ELECTRO-OPTICAL SYSTEM IN A SERIES OF CONICAL ARCS TO COMPENSATE FOR IMAGE ROTATION

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1300 | \$0 | \$1300 | 04/29/2003 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------------|----------|----------------|
| GLASS, CHRISTOPHER W | 2878 | 250-203100 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Roberts
2 Abokhair &
3 Mardula, LLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SWALES AEROSPACE

Beltsville, MD

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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☐ Publication Fee

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(Authorized Signature)

[Signature]

Reg. No. (Date)

37,512

3-14-2003

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03/20/2003 RMEBRAH1 00000007 09617372

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02 FC:8001

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